
Emergency Medical Information

Name : _____ Date of Birth: _____

Room # : _____ Hall/Apt. phone # : _____

Home address : _____

Emergency contact name : _____ Relationship : _____

Home phone # : _____ Work phone # : _____

Other phone # : _____

Medical insurance provider (company name) : _____

Name policy is under (usually a parent's name) : _____

Identification # : _____ Group # : _____

Plan # : _____

Primary care physician: _____ Phone #: _____

Are you allergic to any medications?

Do you have any preexisting medical conditions?

Do you take any medications regularly?

If the school had to shut down in case of emergency, where would you go?

(over)

Please list any other important medical information below: